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Bib Data Sheet

CONFIRMATION NO. 1508

<b>SERIAL NUMBER</b> 10/759,908	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 31545-1010 (PBD-1010)
<b>APPLICANTS</b> Thomas M. Burke, Bothell, WA; <i>KB</i>				
<b>** CONTINUING DATA *****</b> <i>none</i> <i>KB</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>KB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>2/1/04</i> Examiner's Signature <i>2/1/04</i> Initials <i>KB</i>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 35023				
<b>TITLE</b> Medical devices having MRI-enhancing encapsulated fluids				
<b>FILING FEE RECEIVED</b> 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	